

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

NOV 19 1937

1. PLACE OF DEATH

County Lancaster  
Township Greene  
City Miller (No. 11) St. Mo. Ward 1

Registration District No. 469  
Primary Registration District No. 5-632

File No. 38064  
Registered No. 20

2. FULL NAME

Mrs. Day Temple  
(a) Residence, No. Miller Mo. St. Mo. Ward 1  
(Usual place of abode)  
Length of residence in city or town where death occurred 7 yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? 7 yrs. 4 mos. 11 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF O. C. Temple  
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24 - 1868  
7. AGE YEARS 68 MONTHS 9 DAYS 22 If LESS than 1 day, 11 hrs. 11 min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Miller Mo. (STATE OR COUNTRY)  
13. NAME Francis Marion Marsh  
14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)  
15. MAIDEN NAME Anninda Isabell  
16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)  
17. INFORMANT Mrs. Bessie Temple (ADDRESS) Miller Mo.  
18. BURIAL, CREMATION, OR REMOVAL Buried PLACE Pleasant Grove DATE 8-24-1937  
19. UNDERTAKER Monroe & Leiman (ADDRESS) Miller Mo.  
20. FILED 10/10 19 37 W. & Brewer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22-1937  
22. I HEREBY CERTIFY, That I attended deceased from 8-27, 1937, to 8-22, 1937  
I last saw h. 8 alive on 8-22, 1937. Death is said to have occurred on the date stated above, at 11 a.m.  
The principal cause of death and related causes of importance were as follows:  
Angina Pectoris Date of onset  
Other contributory causes of importance:  
Name of operation Chloroform Date of 11/8  
What test confirmed diagnosis? Chloroform Was there an autopsy?  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Chloroform Date of injury 11/8, 19 37  
Where did injury occur? At Home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Chloroform  
Nature of injury Chloroform  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify W. & Brewer M. D.  
(Signed) W. & Brewer (Address) Miller Mo.

